TRAVEL SURVEY

Attorney General's Honors Program Interviews October 27 - November 14, 2003 Washington, D.C.

vame:	Name: Date:				
Please print					
Social Security Number:					
Required for Government travel					
Address:					_
Telephone number:		E	·mail:		
If possible, list a telephone number where	you can be re	ached during th	e day.		
Emergency contact:					
(Day)		(Evenir	ng)		
Please provide the name and telephone n	numbers (day a	and night) of a p	erson we may conta	actin case of em	ergency.
Do you wish to drive your privately owner other Joint Travel Regulation requirements (e.g., cat government expense based solely on use of Pour Preferred Departure Airport: City and State. If more than one in the area.	ed vehicle (PO costs less than c OV for personal c	(Must either in ommercial travel.) convenience.]	be within reasonable co The Department will n	ommuting distance ot authorize an ove NO	might stay
Preferred Interview Week (rank 1, 2, 3):	Oct 27-	-30No	/ 3-7Nov 1	0-14	
Preferred Interview Day: Check one:	Monday	Tuesday _	Wednesday	Thursday	Friday
d Choice Interview Day: Check one:	Monday	Tuesday _	Wednesday	Thursday	Friday
2d Choice Interview Day: Check one: interviews will be scheduled in the order resp guarantee that your first choice will be accommod number provided with your itinerary.	onses are rece	ived. The Departr	nent will consider your	interview preferenc	es but canr
Interviews will be scheduled in the order responderate that your first choice will be accommode	oonses are rece lated. If your fina	ived. The Departr I itinerary presents	nent will consider your a major conflict, you r	interview preferenc nay contact your so	es but can cheduler at

Do you have a disability or special need that affects your travel? If so, please tell us what types of special services or reasonable accommodations you need in the space below: